



# Report of an inspection of a Designated Centre for Disabilities (Adults)

## Issued by the Chief Inspector

Name of designated centre:	Rosewood Court
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	21 July 2020
Centre ID:	OSV-0002630
Fieldwork ID:	MON-0029739

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Rosewood Court is a centre run by the Health Service Executive. The centre is located in a town in Co. Sligo and provides residential care for up to six male and female residents over the age of 18 years who have an intellectual disability. The centre comprises of one two-storey dwelling which provides residents with their own bedroom, some en-suite facilities, shared bathrooms, dining area, kitchen and sitting room area. Residents also have access to rear and front garden spaces. Staff are on duty both day and night to support the residents who live here.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
--	---

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 21 July 2020	10:00hrs to 15:16hrs	Stevan Orme	Lead

## What residents told us and what inspectors observed

Due to the impact of Covid-19, the inspection of Rosewood Court was conducted under current public health guidance and therefore did not include an inspection on the separate one bedroom apartment which is part of the centre. Furthermore, due to current public health advice on visitors to residential settings, personal protective equipment such as face masks was worn by the inspector during the course of the inspection.

During the inspection, the inspector met with four residents living at the centre. One resident spoke with the inspector on arrival and showed them their bedroom and the displayed educational certificates which they were proud of achieving. The inspector also spoke with one resident in the small upstairs lounge at the centre. The resident said they were happy at the centre and felt very much supported by staff. They also told the inspector about the job they had in a local supermarket and how they had not been able to go to work due to COVID-19 and their own vulnerability. The resident also spoke about how they had maintained contact with their family and how due to staying at their family home due to parental illness they had, had to self-isolate on returning to Rosewood Court. The resident fully understood why self-isolation was required and spoke also about their experiences being tested for COVID-19, which they were relieved was 'negative'. The resident also spoke about their use of a face mask in the community and their frustration when seeing some members of the general public not doing so also.

The inspector also met with three residents in the garden who were enjoying a cup of tea and cake. Residents spoke about how they had coped with the 'lock down' and maintained communication with their families and spent their days. Residents spoke about garden projects they had enjoyed such as making bird feeders and baking/cooking sessions they had been involved in. Residents also spoke of local parks which they had been able to access to do exercise and at the same time maintain social distancing.

Residents said they were happy at the centre and got on well with the staff, and throughout the inspection, residents were observed to be both happy and relaxed with all supports provided by staff on duty.

## Capacity and capability

Residents at Rosewood Court received a good standard of care and support which reflected their assessed needs, interests and personal preferences. Governance and management arrangements ensured that the effectiveness of practices at the centre was closely monitored and where improvements were required these were

addressed in a timely manner. Although certain practices at the centre had changed due to COVID-19 and associated public health guidance, residents were supported to fully understand the necessity for these changes and continued to enjoy living at the centre.

Clear governance arrangements were in place at the centre which ensured oversight of all aspects of its operation and ensured that residents' needs were consistently met. Furthermore, although the person in charge was responsible for another designated centre in the local area, she was both knowledgeable about residents' assessed needs and the day-to-day management of the centre, and actively present at the centre throughout the week and readily contactable by staff if required. Also following the last inspection, the person in charge had commenced formal one-to-one supervision meetings with staff to discuss their performance and personal development. However, although this practice had commenced, not all staff had been given the opportunity to participate to date.

Management oversight at the centre was further supported by the person in charge undertaking a suite of management audits during the year on either a weekly, monthly or quarterly basis on practices at the centre to ensure they met residents' needs, adhered to the provider entity's policies and ensured compliance with the regulations. Audits reviewed by the inspector included those undertaken in areas such as fire safety, accidents, safeguarding practices and infection control. Where audits highlighted improvements required, these were addressed in a timely manner with detailed action plans being developed with time bound stages and identified persons for their completion.

In addition, to local management audits, the person in charge also completed both an annual review into the care and support provided as required under the regulations and the provider's own Quality Improvement Plan (QIP) for the centre, both of which examined all aspects of the centre's practices and further highlighted areas for improvement. As with local audits, areas for future development resulted in detailed action plans which were subject to regular updates on progress prior to submission to senior management for discussion. A review of all audits both local and provider initiated completed by the person in charge showed that identified actions were addressed in a timely and responsive manner, and where actions had been delayed, clear rationales such as ' impact of COVID-19 restrictions' were recorded.

The person in charge ensured that residents' needs were met by an appropriate number of suitably skilled staff, which comprised of both nursing and health care assistants. Staffing arrangements ensured that during the majority of the day, residents' needs were met by two staff members with this reducing to one in the initial part of the day and at night-time where a waking night arrangement was in place. Staffing arrangements were under regular review to ensure their effectiveness, and the person in charge spoke with the inspector about proposals currently under consideration to increase staffing levels at all times during weekdays to two staff members, due to the current closure and possible changes to day service provision in light of COVID-19. Improvements had also been undertaken following the last inspection which ensured that the centre's staffing roster

clearly reflected staff working patterns.

Staff skills were kept up-to-date and reflective of residents' needs through regular access to training facilitated by the registered provider's training department. Training records and discussions with staff showed that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, medication management for both nursing and non-nursing staff, positive behaviour management and fire safety. Access to regular training opportunities ensured that staff practices adhered to both the provider's policies and current developments in health and social care. Furthermore, training records showed that a range of additional training had been provided to staff associated with COVID-19. During the course of the inspection records reviewed and discussions with staff highlighted that staff had been supported to complete necessary training in areas such as 'breaking the chain of infection', and the 'putting on and taking off of personal protective equipment' (PPE) as well as refreshers in hand hygiene techniques. In addition, information was available throughout the centre to inform both staff and residents about the signs and symptoms of COVID-19 and infection control practices such as hand washing, social distancing and cough etiquette.

The provider's risk management practices ensured that residents were kept safe from harm and procedures were in place to effectively respond to adverse incidents which might occur. Risks identified at the centre were captured within the risk register and risk management interventions implemented which clearly showed both existing and additional measures to mitigate the risk and safeguard residents and staff. Staff were knowledgeable about risk interventions at the centre, and management plans were subject to regular review, to ensure their effectiveness and suitability. In response to the management of an outbreak of COVID-19, the person in charge had ensured that risk assessments were completed on the management of associated risks such as the supply of PPE or staff shortages. The person in charge had also completed a COVID-19 contingency plan for the centre which was subject to regular review to ensure it reflected current public health guidance. The COVID-19 contingency plan clearly reflected how the centre and registered provider would respond to all aspects of an outbreak of COVID-19 if it occurred at the centre.

The provider also had a robust system in place for the recording and review of accidents, incidents and 'near misses' at the centre. Records included measures implemented in response to the event, including where additional supports had been introduced such as waking night staffing to reduce the possibility of the described events re-occurring. In addition, the person in charge completed both a monthly audit and quarterly analysis of all recorded events which was used to identify any trends or areas for further improvement, which was also submitted to senior management for review. In addition, where events required notification to the Chief Inspector under the regulations, the person in charge had ensured this was completed within the set regulatory time frames.

## Regulation 15: Staffing

Staffing arrangements ensured that residents' assessed needs were met in a timely manner and were subject to review to ensure their ongoing effectiveness.

Judgment: Compliant

### Regulation 16: Training and staff development

Access to regular training opportunities ensured that staff were suitably skilled and equip to meet residents' needs. In addition, training arrangements were responsive to current concerns with staff skills being updated in line with public health guidance and infection control practices relating to the management of an outbreak of COVID-19.

Judgment: Compliant

### Regulation 23: Governance and management

Robust governance and management oversight at the centre ensured that residents' needs were consistently met and practices were reviewed to ensure their ongoing effectiveness. Following the last inspection, formal arrangements to supervise staff had been introduced, however this practice had not commenced for all staff at the centre to date.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

Following the last inspection, the provider had ensured that all written agreements with residents living at the centre had been signed by themselves or their representatives as well as a representative of the registered provider.

Judgment: Compliant

### Regulation 3: Statement of purpose

Following the last inspection, the person in charge had updated the centre's



statement of purpose to ensure that it contained all information as described in Schedule 1 of the regulations. In addition, the statement of purpose was kept under constant review to ensure it accurately reflected the services and facilities provided to residents.

Judgment: Compliant

### Regulation 34: Complaints procedure

Arrangements for the management of complaints received at the centre were comprehensive in nature. Information was available on how a complaint could be made as well as information on how to access advocacy services if required. Where complaints had been received, these were investigated in a timely manner and subsequent outcomes recorded, including the complainant's satisfaction with the outcome.

Judgment: Compliant

### Quality and safety

Care and support practices at Rosewood Court ensured that residents' needs were met consistently by staff and they were kept safe from harm, however some aspects of how this was achieved had been subject to revision due to public health restrictions associated with the management of COVID-19.

Prior to the implementation of public health restrictions, residents were supported to participate in a range of activities both at the centre and in the local community which reflected their personal goals, assessed needs, wishes and interests. The inspector was told by both residents and staff about employment they had in the local community, educational courses they had completed and day services prior to the pandemic that they had attended and enjoyed. Due to the current public health restrictions, residents were unable to attend their day services in the local area, but were supported by staff to enjoy alternative activities such as cooking and garden-related projects as well as to replicate day service activities at home, with staff telling the inspector about one resident who was continuing their education courses as well as improving their skills in relation to using video messaging. Records examined during the inspection and discussions with residents and staff illustrated that residents' needs were still being met at the centre with new activities also being accessed such as internet exercise classes such as yoga. The inspector also noted that since the easing of public health restrictions in June 2020, residents had gradually begun to engage again with the community, participating in local walks, trips to places of interest and seeing family

again; although under the parameters of social distancing and wearing of PPE.

Each resident had an up-to-date and comprehensive personal plans which guided staff on how to support residents with their assessed needs. Residents' personal plans were regularly updated to reflect changes in support, which ensured a consistency of care was provided. From discussions with staff, the inspector found that staff were knowledgeable on residents' needs and where specific support interventions were required they were informed of the rationale leading to its implementation such as safeguarding risks.

Residents were also informed of how their assessed needs would be supported by staff through access to an easy-to-read version of their personal plan which included information such as their 'circles of support' , likes and dislikes, communication needs and daily activity plans. Furthermore, the effectiveness of resident's personal plans was subject to review annually, with a review meeting being held attended by the resident, their family members, centre staff and associated multi-disciplinary professionals. The person in charge was currently examining how future annual reviews could be facilitated under public health restrictions relating to COVID-19 such as social distancing.

Where residents had assessed needs which related to behaviours that challenge, a comprehensive behaviour support plans had been developed or approved by a qualified behavioural specialist, which were subject to regular review and clearly guided staff on both proactive and reactive strategies to be used to in support of residents' needs. Staff spoken to during the inspection were knowledgeable about residents' behaviour support plans and staff training records showed that all staff had attended up-to-date positive behaviour management training in accordance with the provider's policy.

Where restrictive practices had been implemented to support residents' needs, these were found to the least restrictive available and only used when appropriate to do so. In addition, clear rationales were in place to guide staff on the use of said restrictions (e.g. locking of a door leading from the separate apartment to main house), and the ongoing use of the restriction was subject to regular review. At the time of the inspection due to staff being present at all times at the centre due to the closure of day services in response to COVID-19, the identified restriction was not in use.

Clear and robust arrangements were in place to safeguard residents from harm. Where a safeguarding risk had been identified, the inspector found that clear and detailed safeguarding plans were in place which included additional measures to mitigate the risk to those effected. Safeguarding plans were subject to regular review to ensure their effectiveness by multi-disciplinary professionals and updated to reflect any recommendations made. Furthermore, staff were fully aware of the identified safeguarding risk and the associate actions to ensure residents were kept safe from harm. In addition, all staff had completed up-to-date safeguarding of vulnerable adults training ensuring their knowledge reflected current best practices in health and social care.

Infection control measures were comprehensive at the centre and had been subject to regular review and enhancement due to public health guidance on the management of an outbreak of COVID-19. Regular infection control audits were conducted at the centre and staff had access to PPE such as face masks and alcohol sanitizer throughout the centre.

As stated earlier in this report, staff had also updated their knowledge on infection control through participation in online training relating to COVID-19 and infection control. On arrival at the centre all staff and visitors were subject to a temperature and symptoms check and told about infection control measures in use at the centre. Staff told the inspector that where family members had come to visit residents since the easing of restrictions this was done in line with current public health guidance such as limiting number of visitors, social distancing and use of a face mask.

Residents were very knowledgeable about restrictions implemented due to COVID-19 and spoke to the inspector about using face masks in the community, washing their hands and arrangements in the event of the need to self-isolate; which one resident had been required to do during the height of the restrictions. In addition, residents had developed a scrap book which chronicled what they had experienced during the 'lock down'. The scrap book contained information on the signs and symptoms of COVID-19, how to wash your hands, social distancing and activities residents had enjoyed such as baking , BBQs in the garden and trips to local beaches.

### Regulation 13: General welfare and development

Residents were supported to engage in activities which reflected their personal goals, assessed needs and personal interests by staff at the centre. During the 'lock down', opportunities for activities in the local community were significantly reduced due to public health guidance, however, with the easing of said restrictions residents were beginning to re-engage with their local community again.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that possible risks to residents were identified, assessed and appropriate control measures were implemented. Review arrangements ensured that all implemented risk management interventions were regularly monitored to ensure they were effective in keeping residents safe from harm.

Judgment: Compliant

### Regulation 27: Protection against infection

Robust infection control practices were in place at the centre which ensured a good level of cleanliness and compliance with current public health guidance.

Judgment: Compliant

### Regulation 28: Fire precautions

Appropriate fire safety equipment and arrangements were in place at the centre, with regular fire drills being carried out involving all residents and staff. However, the effectiveness of the fire evacuation practices under all circumstances had not been assessed fully specifically in regards to the evacuation of the centre when at full occupancy and under minimal staffing conditions.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents' personal plans were comprehensive in nature and clearly guided staff on how residents' assessed needs should be met. Furthermore, personal plans were subject to regular review when changes in need occurred and their effectiveness was reviewed with the resident, their representatives, centre staff and associated multidisciplinary professionals annually.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a range of healthcare professionals in line with their assessed needs as and when required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where residents had behaviours that challenged, the provider had ensured that clear guidance on supports to be offered was in place to guide staff practice and ensure a consistency of approach. Furthermore, where restrictive practices were in use at the centre these were subject to regular multidisciplinary review, the least restrictive option available and only used as and when required.

Judgment: Compliant

## Regulation 8: Protection

Clear and robust safeguarding arrangements were in place at the centre. Where safeguarding concerns had occurred, appropriate and responsive measures had been put in place to mitigate their impact. In addition, staff knowledge reflected safeguarding plans in place and all staff had received up-to-date safeguarding training.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Rosewood Court OSV-0002630

Inspection ID: MON-0029739

Date of inspection: 21/07/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Pic has developed a schedule of performance management for each staff .This process has commenced.</p> <p>This will support staff to deliver a safe and quality service within the center.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Pic has completed a simulated fire evacuation at a time when the center has full occupancy with minimal staff.</p> <p>Furthermore the Pic has developed a schedule of Fire drills to ensure fire drills are completed under all circumstances.</p>	





## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	10/09/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	02/08/2020